



LOCAL REPORT # *

TRAFFIC CRASH REPORT

2014-6165

CRASH SEVERITY

 3 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

 X YES
 X NO

HIT/SKIP

 1 NOT HIT/SKIP
 2 SOLVED
 3 UNSOLVED

PHOTOS TAKEN

X YES

OH-2

OH-3

OH-1P

OTHER

N.C.I.C. # *

08303

REPORTING AGENCY *

Lebanon Police

UNITS

2

UNIT ERROR

0

98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *

04/10/2014

TIME OF CRASH

1722

DAY OF WEEK

THU

CITY *

VILLAGE *

TWP *

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

Lebanon

COUNTY # *

83

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

1699 Deerfield Road

TYPE LOC

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION

AT/REFERENCE

DIST REFERENCE DR

PREFIX REFERENCE

Countryside YMCA parking lot

REF POINT

REFERENCE POINT USED

01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

04 HOUSE NUMBER

05 TOWNSHIP BOUNDARY

06 MILE POST

07 CORPORATION LIMIT

08 PLACE NAME W/O REFERENCE

09 DRIVEWAY

10 STREET OR ROUTE W/O

REFERENCE

UNIT #

OF OCC.

A

1

NAME (LAST, FIRST, MIDDLE)

Hisey, Amanda K.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

799 Owlwood Court, Lebanon, Ohio, 45036

SOCIAL SECURITY NUMBER

DATE OF BIRTH

01/10/1977

AGE

37

SEX

F

HOME PHONE #

(513) 258-5821

WORK PHONE #

DL STATE

DL #

OH RU235279

LP STATE

LP #

OH GBF7974

INJURED TAKEN BY

1

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

N/A

INJURED TAKEN TO

N/A

OWNER NAME (IF SAME, WRITE "SAME")

Same

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

2014

MAKE

Kia

MODEL

SUV

COLOR

black

INSURANCE COMPANY

Grange

TOWING SERVICE

N/A

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE

X YES

F YES

UNIT #

OF OCC.

B

2

NAME (LAST, FIRST, MIDDLE)

Liddil, Victoria R.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

973 N. Clarksville Road, Oregonia, Ohio, 45054

SOCIAL SECURITY NUMBER

DATE OF BIRTH

08/27/1980

AGE

33

SEX

F

HOME PHONE #

(513) 835-5772

WORK PHONE #

DL STATE

DL #

OH RT279218

LP STATE

LP #

OH FZL6691

INJURED TAKEN BY

1

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

N/A

INJURED TAKEN TO

N/A

OWNER NAME (IF SAME, WRITE "SAME")

Same

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

2000

MAKE

Pontiac

MODEL

van

COLOR

white

INSURANCE COMPANY

State Farm

TOWING SERVICE

N/A

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE

X YES

F YES

UNIT #

OF OCC.

C

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

UNIT #

OF OCC.

D

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION

 01 FRONT - LEFT (MC DRIVER)
 02 FRONT - MIDDLE
 03 FRONT - RIGHT
 04 SECOND - LEFT (MC PASS)
 05 SECOND - MIDDLE
 06 SECOND - RIGHT
 07 THIRD - LEFT
 (MC PASSENGER/SIDE CAR)
 08 THIRD - MIDDLE
 09 THIRD - RIGHT
 10 SLEEPER SECTION OF CAB
 11 ENCLOSED CARGO AREA
 12 UNENCLOSED CARGO AREA
 13 TRAILING UNIT
 14 EXTERIOR
 15 OTHER
 16 NON-MOTORIST
 17 UNKNOWN

SAFETY EQUIPMENT

 MOTORIST
 01 NONE USED
 02 SHOULDER BELT ONLY
 03 LAP BELT ONLY
 04 SHOULDER/LAP BELT
 05 CHILD SAFETY SEAT
 06 MC HELMET USED
 07 USE UNKNOWN
 NON-MOTORIST
 08 NONE USED
 09 HELMET USED
 10 PROTECTIVE PADS
 11 REFLECTIVE CLOTHING
 12 LIGHTING
 13 OTHER
 14 UNKNOWN

AIR BAG

 1 NOT-DEPLOYED
 2 DEPLOYED-FRONT
 3 DEPLOYED-SIDE
 4 DEPLOYED BOTH
 FRONT/SIDE
 5 NOT APPLICABLE
 6 UNKNOWN

AIR BAG SWITCH

 1 NOT PRESENT
 2 IN ON POSITION
 3 IN OFF POSITION
 4 UNKNOWN

EJECTION

 1 NOT EJECTED
 2 TOTALLY EJECTED
 3 PARTIALLY EJECTED
 4 NOT APPLICABLE
 5 UNKNOWN

TRAPPED

 1 NOT TRAPPED
 2 EXTRICATED BY
 MECHANICAL
 MEANS
 3 FREED BY
 NON-MECHANICAL
 MEANS
 4 UNKNOWN

INJURIES

 1 NO INJURY
 2 POSSIBLE
 3 NON-
 INCAPACITATING
 4 INCAPACITATING
 5 FATAL INJURY
 6 UNKNOWN
BLANK FOR
WITNESSSUPPLEMENT *
"X" IF YES

UNIT NUMBERS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	DAMAGE AREA <div style="text-align: center;"> A </div> <div style="text-align: center;"> B </div>	PRE-CRASH ACTIONS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	SEQUENCE OF EVENTS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	POSTED SPEED <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	DRUG TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>
NON-MOTORIST LOCATION <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLIST 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	DRUG TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>
TYPE OF UNIT <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	MOST DAMAGED AREA <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	CONTRIBUTING CIRCUMSTANCES <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLIST 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	DIRECTION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	DRUG TEST 1&2 RESULT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	CONDITION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	TYPE OF INTERSECTION <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	OCURRENCE <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
IN EMERGENCY RESPONSE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	ACTION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	FIRST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	ALCOHOL/DRUG SUSPECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	ROAD CONTOUR <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
DAMAGE SCALE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	ROAD CONDITIONS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>
01 NO 02 YES 03 UNKNOWN	01 NON-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	MOST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	01 NONE 02 YES - ALCOHOL SUSPECTED 03 YES - HBD NOT IMPAIRED 04 YES - DRUGS SUSPECTED 05 YES - ALCOHOL/DRUGS SUSPECTED 06 UNKNOWN	ROAD CONDITIONS 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY
SPEED DETECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> <div style="border: 1px solid black; width: 45%; height: 40px;"></div> </div>	ALCOHOL TEST RESULT <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	SPEED <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	
			SUPPLEMENTARY <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	LOCAL REPORT # * <div style="font-size: 24pt; font-weight: bold;">2014-6165</div>	

Narrative

Two vehicles collided on private property in the parking lot of the Countryside YMCA at 1699 Deerfield Road.

MANNER OF COLLISION OR IMPACT

- ☐
- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 - 2 REAR-END
 - 3 HEAD-ON
 - 4 REAR-TO-REAR
 - 5 BACKING
 - 6 ANGLE
 - 7 SIDESWIPE, SAME DIRECTION
 - 8 SIDESWIPE, OPPOSITE DIRECTION
 - 9 UNKNOWN

WEATHER

- ☐
- 01 CLEAR
 - 02 CLOUDY
 - 03 FOG, SMOG, SMOKE
 - 04 RAIN
 - 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 - 06 SNOW
 - 07 SEVERE CROSSWINDS
 - 08 BLOWING SAND, SOIL, DIRT, SNOW
 - 09 OTHER
 - 10 UNKNOWN

LIGHT CONDITIONS

- PRIMARY ☐ SECONDARY ☐
- 1 DAYLIGHT
 - 2 DAWN
 - 3 DUSK
 - 4 DARK - LIGHTED ROADWAY
 - 5 DARK - NOT LIGHTED
 - 6 DARK - UNKNOWN LIGHTING
 - 7 GLARE
 - 8 OTHER
 - 9 UNKNOWN

SCHOOL BUS RELATED

- ☐
- 1 No
 - 2 YES, DIRECTLY INVOLVED
 - 3 YES, INDIRECTLY INVOLVED
 - 4 UNKNOWN

WORK ZONE RELATED

- ☐
- 1 No
 - 2 Yes
 - 3 UNKNOWN

TYPE OF WORK ZONE

- ☐
- 1 LANE CLOSURE
 - 2 LANE SHIFT/CROSSOVER
 - 3 WORK ON SHOULDER OR MEDIAN
 - 4 INTERMITTENT/ MOVING WORK
 - 5 OTHER

LOCATION OF CRASH IN WORK ZONE

- ☐
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
 - 2 ADVANCE WARNING AREA
 - 3 TRANSITION AREA
 - 4 ACTIVITY AREA

WORKERS PRESENT

- ☐
- 1 No
 - 2 Yes
 - 3 UNKNOWN

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

Truck/Bus

UNIT #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:

- A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

A
N
D

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:

- A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PUCO

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

DIA.

CARGO BODY TYPE 01 NOT APPLICABLE

- 02 BUS (9-15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 GRAIN/CHIPS/GRAVEL

05 POLE

- 06 CARGO TANK
07 FLATBED
08 DUMP

09 CONCRETE MIXER

- 10 AUTO TRANSPORTER
11 GARBAGE/REFUSE
12 OTHER
13 UNKNOWN

Weight (GVWR)

- 1 LESS/EQUAL 10,000
2 10,001 - 26,000
3 MORE THAN 26,000

CDL Class

- 1 CLASS A
2 CLASS B
3 CLASS C
4 CLASS M
5 CLASS D

Hazardous Materials Placard

- 1 No
2 YES
3 UNKNOWN

Hazardous Material Released

- 1 No
2 YES
3 NOT APPLICABLE
4 UNKNOWN

Police Action

DATE CRASH REPORTED

TIME REC CALL

DISPATCH

ARRIVED

CLEARED

OTHER

TOTAL MINUTES

04/10/2014

1722

1723

1734

1743

0

0021

OFFICER'S NAME *

Travis O'Neill

BADGE # *

121

CHECKED BY

DATE REPORT FILED *

REPORT TAKEN BY

1

- 1 POLICE AGENCY
2 MOTORIST

REPORT TAKEN AT

1

- 1 SCENE
2 STATION
3 OTHER

SUPPLEMENT *
"X" IF YES

LOCAL REPORT # *

2014-6165